

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000013070**

1. Entity Name
JOMACA INTERNATIONAL INC

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 011 ***150.00

Principal Place of Business
**9751 NW 44 Terr.
Miami, FL 33178**

Mailing Address
**9751 NW 44 Terr.
Miami, FL 33178**

00047983

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0643367

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Madrid, Dianora E.
9751 NW 44 Terr.
Miami, FL 33178**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dianora E. Madrid** **04-26-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)